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ABSTRACT

This paper presents results of a customer satisfaction survey of Vermont elementary and secondary public schools concerning satisfaction with mental health services during the 1996-97 school year. Analysis of completed questionnaires (N=233) are interpreted from a marketing perspective. Findings are reported for: (1) treated prevalence of emotional behavioral disorders (the market); (2) providers of mental health services (the competition); (3) types of services received (product lines); (4) consumer satisfaction (customer satisfaction); and (5) school characteristics (market segmentation). Findings indicate that there is a substantial unmet need for mental health services in schools, that expansion of existing "product lines" (especially home-school coordination) has the greatest potential for success, that marketing efforts should stress service quality rather than costs, and that the greatest potential for growth for community mental health programs is in poorer school districts and outlying towns. The paper concludes that standard consumer/customer satisfaction surveys can provide children's mental health program administrators with valuable information concerning potential demand for services, suggested marketing strategies, and promising market segments. (DB)

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Interpreting School Satisfaction Data from a Marketing Perspective

Introduction

Consumer satisfaction surveys have been a standard tool of mental health program administrators for a number of years. The results of these surveys are most commonly used to provide evaluative information on the quality of the services provided. Interpreted from a marketing perspective, the information provided by consumer satisfaction surveys also can help public mental health program administrators understand and be successful in the increasingly competitive market place. In Vermont, public schools have become an important purchaser of mental health services. This summary will discuss the results of a customer satisfaction survey of Vermont public schools from this marketing perspective (for more detailed survey results, see Pandiani & James, 1997).

The Survey

During January of 1997, a three-page questionnaire was mailed to the principal of every public school in Vermont. Six weeks later, a follow-up questionnaire was mailed to schools that had not responded. The survey included questions about the need for mental health services, the services that were received, satisfaction with the services, and the services schools wanted. Questionnaires were coded to allow researchers to link the survey responses with other information about the schools and the service areas.

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Completed questionnaires were received from 77% of Vermont's 329 elementary, middle, secondary, and K-12 schools. Elementary and middle schools had the highest response rates. Secondary and K-12 schools responded to the questionnaire at slightly lower rates. Principals and guidance counselors were the most likely to complete the questionnaire (about 50% each) and special educators were also well represented. From a marketing perspective, these results suggest that it is possible to obtain useful information from a significant proportion of public schools.

Results

Treated Prevalence of Emotional/ Behavioral Disorders (The Market)

More than 3,700 students received services for an emotional/behavioral disorder during the 1996-97 school year at schools that responded to those questions (5.6% of all students). Almost 3% of the total student population had an Individualized Education Plan for an emotional/behavioral disorder; another 3% of all students received instructional support because of an emotional/behavioral disorder. Secondary and K-12 schools reported the highest treated prevalence of emotional/behavioral disorders (7.1% and 6.9%, respectively) followed by elementary schools (5.2%). Middle schools reported the lowest frequency of students (4.4%) receiving support for emotional/behavioral disorders (see Figure 1).

From a marketing perspective, these results indicate that there is a substantial number of potential consumers of mental health services in Vermont schools. Growth potential is greatest in the elementary and middle schools. Current estimates of the prevalence of emotional disturbance in the general population of Vermont indicate that 6% - 8% of children aged 9-17 may be expected to have a serious emotional disturbance. Comparison of this estimate to the treated prevalence rates found in this state indicate that there may be significant numbers of children in need of services (for more about prevalence estimates, see CMHS, 1997).

Providers of Mental Health Services (The Competition)

Almost all Vermont schools (94%) reported receiving mental health services. Community mental health centers (CMHCs) provided services to 83% of the schools. Approximately 40% of all schools received Medicaid funded mental health services through their local CMHC. Elementary schools were the least likely to receive services from a CMHC and the least likely to receive Medicaid funded services.

Other mental health providers were active in 79% of the schools. Most of these other service providers were private psychologists (75%). Private psychiatrists worked in about ten percent of the schools. School employees were described as providers of mental health services in about 10% of the schools. Elementary and K-12 schools were the least likely to receive services from other providers.

From a marketing perspective, these results indicate that CMHCs face potentially strong competition from private sector providers. The greatest potential for growth, and the least competition is evident in the elementary school sector. There is substantial potential for expansion of Medicaid reimbursed services. Again, this potential is greatest in the elementary schools.

Types of Service Received (Product Lines)

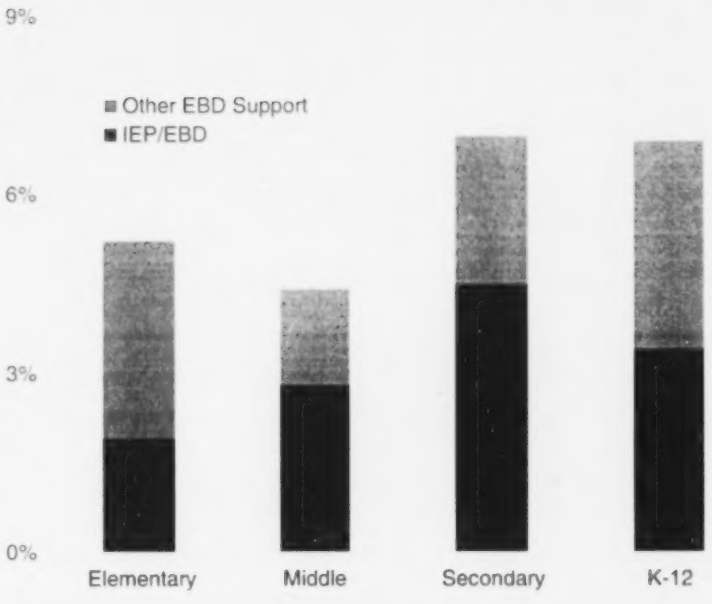
Among schools that reported receiving CMHC services, crisis services were the most frequently used, followed by consultation services, counseling, case management, home/school coordination, and testing and evaluation. Elementary schools

were less likely than other schools to receive crisis services, counseling, and case management. Elementary and middle schools received testing and evaluation services from their CMHC more often than other schools.

Of the 26 schools that did not receive CMHC services, 73% expressed a desire to receive one or more of the available services. Crisis services were the most wanted by all schools, followed by home/school coordination, consultation, and counseling. Case management and testing and evaluation were less often wanted.

Schools that received services from non-CMHC providers reported receiving testing and evaluation services most frequently followed by counseling services, consultation, and behavior management (see Figure 2).

Figure 1
Treated Prevalence of Emotional Behavioral Disorders



Schools were also asked about the utilization of medication for behavioral disorders. Ritalin was reported as being used by 2.7% of the students at schools responding to the question. Middle and K-12 schools had the largest reported Ritalin utilization rates (3.5% and 3.4%, respectively), closely followed by elementary schools (2.9%). Secondary schools reported substantially lower rates of Ritalin usage; it should be noted that schools may be more likely to be aware of and/or dispense medication for younger children than for older children or adolescents.

From a marketing perspective, it is important to note that CMHCs were the only providers of three of the six 'product lines' examined, and that these were the products most wanted by the schools. This finding suggests there is a potential for expansion in these areas, with home school coordination appearing to have the greatest growth potential. Testing and evaluation presents an interesting strategic question to mental health program administrators. Other providers dominate this product line, and it is rated low among desired services. A community mental health center could choose to continue to compete in this area, or it could concede this market sector to the competition and focus on expanding in its areas of strength.

Consumer Satisfaction (Customer Satisfaction)

Overall, 72% of the schools that received CMHC services would recommend those services to another school in their district. Middle schools were the most likely to recommend CMHC services (94%), followed by elementary schools (72%), secondary schools (66%), and K-12 schools (43%). There was very little variation in levels of satisfaction with specific services received.

The Vermont consumer satisfaction survey also included three open ended questions that asked school personnel about their likes and dislikes regarding CMHC services. The availability and quality of services were the topics most often mentioned in response to these questions (75% and 72%, respectively). Issues related to the financing and the location of services were mentioned much less often (21% and 17%, respectively). All of these areas of concern tended to receive favorable and unfavorable comment in about equal proportion.

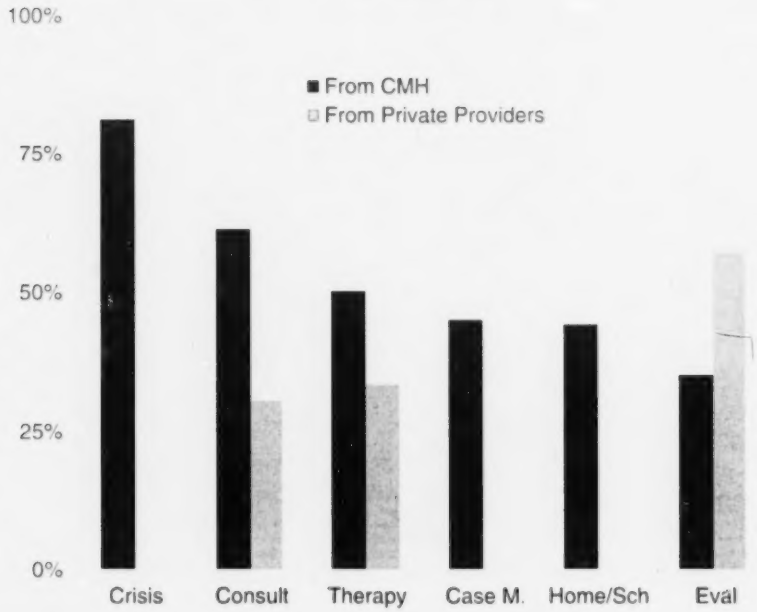
From a marketing perspective, these findings could be used to provide a focus for communication with schools. Communication that focuses on the availability and the quality of services is much more likely to be effective than communication that focuses on the fiscal aspects or location of services.

School Characteristics (Market Segmentation)

The ability to link questionnaire responses to information about the schools from other databases provided the opportunity to examine the relationship between school characteristics and patterns of service utilization. Our first questions focussed on the impact of the distance between a school and its local community mental health center on the likelihood that schools would receive or want services. Our second question focussed on the impact of the relative wealth of schools (per pupil expenditures) on the likelihood that the schools would receive services, or want services.

The schools that were located more than 15 miles from their regional CMHC were less likely to receive CMHC services than schools located near the CMHC. The most distant schools were also less likely to receive services from a non-CMHC

Figure 2
Services Received



provider. Finally, the most distant schools were the most likely to want CMHC services (see Figure 3).

From a marketing perspective, the results point clearly to a market segment that is underdeveloped and has a strong market potential. Schools that are distant from their local CMHC provide a significant opportunity for mental health programs to expand their presence in the school mental health services market.

The schools with the highest per pupil expenditures were less likely to report receiving mental health services than the schools with lower per pupil expenditures. Only 71% of the schools with per pupil expenditures greater than $6,000 reported receiving mental health services from their local CMHC as compared to 85% of schools between $4,600 and $6,000 and 87% of schools with expenditures less than $4,600 per pupil. The schools with the highest per pupil expenditures were also less likely to receive services from other providers. Finally, the wealthiest schools were the least likely to want services from their local CMHC (see Figure 4).

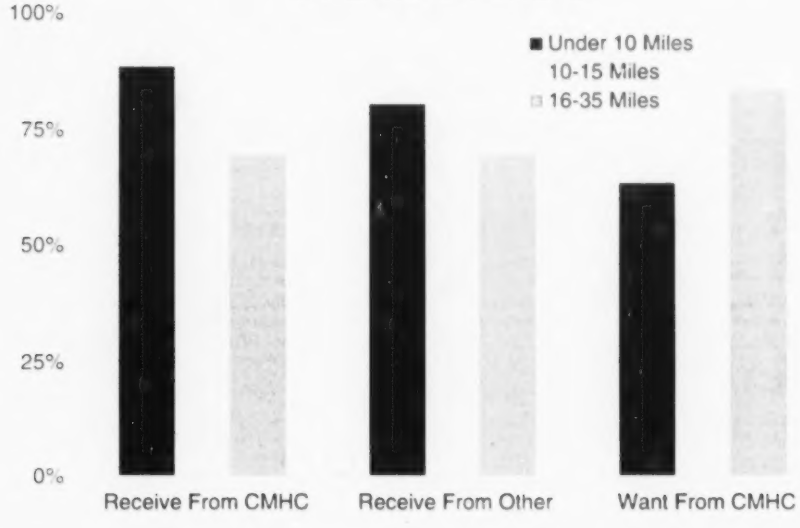
From a marketing perspective, these results indicate that comparatively few wealthy schools are interested in obtaining school based mental health services from their local CMHC. Marketing efforts directed to these schools will probably not be particularly successful. Marketing efforts directed to poorer schools, however, offer a very real opportunity for expansion.

Conclusion

Responses to standard consumer/customer satisfaction surveys can provide valuable information to children's mental health program administrators. This information can help estimate the potential demand for services, suggest marketing strategies, and identify promising market segments.

In Vermont, responses to a survey of public school administrators indicated that there is a substantial unmet need for mental health services in schools. Expansion of existing "product lines" (especially home school coordination) has the

Figure 3
Distance From School of CMHC



greatest potential of success. Marketing efforts that stress the quality of the services rather than their cost are more likely to be successful with local school administrators. Finally, the greatest potential for growth is in poorer school districts and outlying towns. Wealthier schools tend not to want the assistance of community mental health programs, and schools close to community agencies are likely to already be receiving services.

This project suggests that provider organizations that have already conducted consumer/customer surveys may obtain useful information about the market for their services from reanalysis of the data. This approach avoids the effort and expense of additional data collection. Organizations that are about to undertake a consumer/customer survey should consider the issues of marketing in their questionnaire design and analytical plan.

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Figure 4
Per Pupil Expenditure